Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

| Establishment Name MARK'S FEED STORE Address 3827 CHARLESTOWN ROAD, NEW ALBANY IN 47150 Owner | | | | | | Telephone Number 812-949-7427 1 (502) 254-1710 Purpose | Date of Inspection 10/30/2020 Follow Up | ID# |
|---|--------------------------|--|---|--|-----|--|--|-----|
| RYAN BRIDGEMAN Owner's Address 3309 COLLINS LN LOUISVILLE, KY 40245- Person in Charge KELLI TURNER Responsible Person's Email Certified Food Handler KELLI TURNER | | | | | | X Routine Follow-up Complaint Pre-Operational Temporary HACCP Other (list) | Menu Type 1 2 3 _X 4 5 | |
| CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R" | | | | | | | | |
| Section # | ction # C NC R Narrative | | | | | To Be Corrected | | |
| 392 433 | X | | - | ster to be left open. not properly hung to di | ry. | | CORRE | |
| Summary of Violat | | | | 2 R 0 | Τ. | | | |
| Received by (name and title printed): KELLI TURNER | | | | | | Inspected by (name and title printed): A.J. Ingram CHIEF FOOD SPECIALIST | | |
| Received by (signature): | | | | | Ir | Inspected by (signature): | | |
| cc: | | | | cc: | 1 | | cc: | |